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STATEMENT OF

| FORM 1 | | ORGANIZATION | | | | | | Office U | Jse Only | |
|--|------------|-----------------------------------|--------------|-------------------|--|-------------|---------|----------|----------------|-------------|
| NAME OF COMMITTEE (in | n full) | (Check if is change | | Example:If to | ,, 0, ,, | 12F | E4M5 | | | |
| Supporting | Cons | ervatives | of Too | lay and | Tomor | row (| SC | TTC | PAC) | |
| | | | | | | | | | | |
| ADDRESS (number a | nd street) | PO Box 905 | | | | | | | | |
| (Check if address is changed) | | Newton | | | | NJ | | 07860- | | |
| | | CITY | | | | | STATE | | | ZIP CODE |
| COMMITTEE'S E-MA (Check if is change | address | SS (Please provide paul@pdscompli | • | ail address) | | | | | | |
| COMMITTEE'S WEB | PAGE ADE | DRESS (URL) | | | | | | | | |
| (Check if is change | | | | | | | | | | |
| 2. DATE 07 | M / D 28 | 2008 | Y | | | | | | | |
| 3. FEC IDENTIFIC | CATION NU | IMBER | C coo | 453324 | | | | | | |
| 4. IS THIS STATE! | MENT X | NEW (N) | OR | AM | ENDED (A) | | | | | |
| I certify that I have a | | Mr. Davil Kilmana | o the best o | f my knowled | ge and belief | it is true, | correct | and con | nplete. | |
| Signature of Treasurer Mr. Paul Kilgore | | | | | nically Filed] | Date | 10 | | 04 / Y | 2011 |
| NOTE: Submission of | | ous, or incomplete in | | | | | | the pena | ulties of 2 U. | S.C. §437g. |
| Office Use Only | | | | Federal Toll Free | ner information Election Commis 800-424-9530 2-694-1100 | | | | C FORM | |